



85 W. Algonquin Road, Suite 550
Arlington Heights, IL 60005
847-981-8905 Phone
847-427-1294 Fax
info@abpm.org

www.abpm.org

Open Letter to all ABPM Diplomates:

As the President of the American Board of Pain Medicine, I feel it is important to bring you up to date about efforts we are making to advance Pain Medicine as a medical specialty and to ensure and augment the value of your ABPM Certification.

We are at a critical juncture in the evolution of Pain Medicine. Policymakers across the nation are scrambling to address the dramatically increased incidence of deaths and addiction resulting from diversion and misuse of opioids. Physician organizations are working to shore up deficiencies in the education and training of physicians relating to safe and effective prescribing practices.

The need for high quality specialty-level pain care has never been more evident, and the need for ABPM leadership has never been clearer.

Recent trends have altered the landscape for practicing Pain Medicine specialists and have impacted many of you:

- State medical boards are adopting opioid prescribing protocols that often mandate referral of patients who need high dose opioids to “pain specialists,” prompting a public and sometimes contentious debate regarding the appropriate definition of that term. In some situations there is an effort to restrict that definition to physicians certified as subspecialists through the American Board of Medical Specialty (ABMS) mechanism (e.g., ABA, ABPM&R, etc).
- Insurers are restricting network participation and payments for specialty-level pain care to physicians who are certified as pain medicine sub-specialists by ABMS member boards. This is part of a larger movement among payers to restrict networks, particularly with regard to specialists who serve patients with conditions that require costly services or drug therapies.
- Some hospital credentialing bodies have followed suit, leaving a number of ABPM Diplomates in a fight for their professional survival.

So what has the Board of ABPM done to protect our Diplomates and advance the effort to have Pain Medicine recognized as a primary specialty?

We have engaged on all fronts to confront these trends, armed with knowledge that our certification process reflects high-level competency as Pain Medicine specialists, and should be considered as such in state regulation and by payers and hospitals.

We have strategically focused our efforts, as evidenced by the following activities:

- **Ramped up our public advocacy efforts** – Last year, we hired an excellent advocate with many years’ experience representing physician as Director for the AMA’s state government affairs and private sector advocacy activities. She has put those skills to work for our organization, advancing the goals of ABPM and our Diplomates at state and federal legislative and regulatory levels, within the AMA and organized medicine and with private payers and hospitals. We have developed our message, which focuses on presenting the ABPM as a valid and high quality credentialing body, and our Diplomates as highly qualified Pain Medicine specialists qualified to perform the full spectrum of pain management care.

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We have actively pursued inclusion of ABPM in the definition of “pain specialist” in states considering legislative or regulatory proposals.

- **Represent the interests of ABPM Diplomates who are confronting credentialing or insurance issues**, by sending letters and supporting documentation for Diplomates explaining the rigor of the ABPM credentialing process. These materials are available for Diplomates from the ABPM office.
- **Build support for recognition of Pain Medicine as a primary medical specialty by the ABMS**, through work with medical organizations across the nation in order to continue to try to meet the unmet needs for qualified pain care identified in the 2011 Institute of Medicine report. As part of this effort we are in communication with the ABMS leadership directly.

What does the ABPM need from you?

- ✓ **Advocacy Support.** We need you to help us with advocacy efforts in your state, whether your connections are with politicians, the Board of Medicine, or state medical society, we need your contacts and your energy to ensure that the ABPM credential continues to be recognized as a critical way to identify qualified pain specialists. Please let us know if you are willing and able to work with us in your state.
- ✓ **Insights.** We need to know when there are issues in your state that could endanger the potential viability of your ABPM credential. If there are concerns, please email us with the details and appropriate contact person.
- ✓ **Personal and Professional Influence.** We need your help advocating with national organizations—do you have the ear of your state or national specialty society, or other invested pain or medical groups? If you have contacts, members of the Board of Directors would be happy to speak with you and provide talking points and other supporting documentation.
- ✓ **Financial support.** Finally, you knew this was coming, we need voluntary assessments to fund these ever so critical endeavors. The Board’s budget is limited to exam fees and voluntary assessments. For ethical reasons, we cannot accept industry support. Please consider supporting the Advocacy Fund by returning the enclosed form with payment.

The next few years are going to be very busy but exciting, and the Board of Directors invites you to be part of the process. I welcome your input and advice. Please contact me through Carolyn Andersen at carolynandersen@abpm.org.

Thank you!

Robin J. Hamill-Ruth, MD
President



